



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

FEB 06 2003

RECEIVED

TECH CENTER 1600/2900

Applicant: John C. Salerno
 Serial No.: 09/398,405 Group Art Unit: 1642
 Filed: September 16, 1999 Examiner: K. Canella
 Confirmation No.: 1062
 For: ACTIVATORS OF ENDOTHELIAL NITRIC OXIDE SYNTHASE

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, P.O. Box 2327, Arlington, VA 22202

on 1/30/03 Christina M Sweeney
 Date Signature
Christina M Sweeney
 Typed or printed name of person signing certificate

#79
 KJ
 2-21m

Assistant Commissioner for Patents
 Box AF
 P.O. Box 2327
 Arlington, VA 22202

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated July 30, 2002 of the Primary Examiner finally rejecting claims 32 and 49. The item(s) checked below are appropriate:

1. Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. A one month extension of time to respond to the Office Action Made Final dated July 30, 2002 was filed on October 30, 2002 with payment of a \$55.00 fee.
- Applicant hereby petitions for an additional two month extension of time to respond to the Office Action Made Final.
3. A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

RECEIVED
U.S. PATENT AND TRADEMARK OFFICE
FEB 06 2003
1600
2900

4. Fees are submitted for the following:

| | |
|---|----------------|
| <input type="checkbox"/> Extension of Time for [] months | \$ _____ |
| <input checked="" type="checkbox"/> Additional Extension of Time: | |
| Fee for Extension (3 mo.) | \$ <u>465</u> |
| Less fee paid (1 mo.) | - \$ <u>55</u> |
| Balance of fee due | \$ <u>410</u> |
| <input checked="" type="checkbox"/> Notice of Appeal | \$ <u>160</u> |
| <input type="checkbox"/> Other _____ | \$ _____ |
| TOTAL \$ <u>570</u> | |

5. The method of payment for the total fees is as follows:

A check in the amount of \$570.00 is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

David C. Brock, R.N. 22592

By for Elizabeth W. Mata
 Elizabeth W. Mata
 Registration No.: 38,236
 Telephone: (978) 341-0036
 Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: 1/30/03